



PART B - FEE(S) TRANSMITTAL

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02/06/2006

PILLSBURY WINTHROP SHAW PITTMAN, LLP

P.O. BOX 10500

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05/08/2006 HVUONG 00000145 033975 10781945

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/781,945

02/20/2004

Norbertus Josephus Martinus Van Den Nieuwelaar

081468-0308367

9699

TITLE OF INVENTION: METHOD OF CONTROLLING A LITHOGRAPHIC PROCESSING CELL, DEVICE MANUFACTURING METHOD, LITHOGRAPHIC APPARATUS, TRACK UNIT LITHOGRAPHIC PROCESSING CELL, AND COMPUTER PROGRAM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1400

\$300

\$1700

05/08/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
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RUTLEDGE, DELLA J

2851

355-053000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 PILLSBURY WINTHROP SHAW
2 PITTMAN, LLP
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ASML Netherlands B.V.

Veldhoven, The Netherlands

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 3=\$9

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- ☐ A check in the amount of the fee(s) is enclosed. 081468-0308367
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-3975 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date May 5, 2006

Typed or printed name

Christophe F. Lair

Registration No. 54248

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